

CARE HOME CLOSED ON APRIL 30, 2019

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Susan	CHAPTER 100.1
Address: 5145 Likini Street, Honolulu, Hawaii 96818	Inspection Date: July 25, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.